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TREATMENT OF INTOXICATED PERSONS ACT



BACKGROUND SUMMARY

DEPARTMENT OF HEALTH

BACKGROUND

Until recent years public intoxication was regarded as an offence against society and attempts at control were directed through the penal system. Other anti-social effects of chronic addiction to alcohol were treated similarly. However, a change in public attitude towards this addiction is now emerging.

In New Brunswick, prior to 1970, any person found intoxicated in a public place was guilty of an offence. The introduction of the Intoxicated Persons Detention Act (1970) was designed to remove the stigma. However, it has not succeeded in resolving the problem as can be seen from frequent comments in the news media over the past four years and, in any case, it deals only with the public inebriate. For those who exhibit serious anti-social tendencies at home, there is either recourse to the law or committal under the Mental Health Act, neither of which is generally acceptable.

LEGISLATIVE PROVISIONS ELSEWHERE

In the United States, the concept of compulsory treatment or rehabilitation of a public inebriate or, in one instance, of an habitual drunkard has been embodied in the legislation of certain States - Indiana, Maryland, New Mexico and Tennessee. In addition, there are certain limited provisions in the Mental Health Acts of Illinois, New York and North Dakota.

Last year, the Prince Edward Island legislature passed an Act to amend the Liquor Control Act which defined "a chronic alcoholic offender" as "a person who has been convicted of an offence on three or more occasions within six months". He may then be ordered to undergo treatment under direction of the Director of the Addiction Foundation. Most other provinces have provision for temporary custody until sober while two retain public inebriation as an offence.

Prince Edward Island also makes specific allusion to alcoholism or drug addiction in the Mental Health Act to allow for a patient detained in a psychiatric facility to be transferred to an Alcoholic Rehabilitation Centre. In addition, British Columbia and Manitoba make special provisions in their Mental Health legislation for the detention and treatment of alcoholics.

BASIS FOR PRESENT LEGISLATION

The Study Committee on Alcoholism, in its report tabled in the Legislature in June 1972, recognized that, in some cases at least, legal means would be necessary for the treatment and rehabilitation of the chronic drunkenness offender. Since this report was tabled there has been much public discussion on this subject and it has been widened to include those alcoholics who, while not public inebriates, are still major hazards to themselves or their families. Positive action by the provincial government has been urged by various organizations throughout the province particularly from amongst those occupations and professions regularly exposed to the effects of this addiction.

The main thrust of the provincial treatment program, which will be administered by the Permanent Commission on Alcoholism when formed, will continue to be based on the concept of voluntary treatment. The importance of this has been shown by experience at the Hazen Avenue Centre in Saint John where most of the persons admitted have been assisted towards some degree of rehabilitation and only a comparatively small number show no inclination to revise their mode of living. The legislation is permissive and is intended to enable the courts to assist those alcoholics who, for the safety of themselves or their families, need help and do not seek it. Three points need to be emphasized:

1. The wording of the Bill enables a flexible approach to cope with changing circumstances.
2. Further consultation with interested groups (such as the police) will precede detailed implementation in various areas.
3. The legislation is concerned with treatment and is directed towards the alcoholic who does not seek assistance. It is necessary, therefore, to ensure that each centre has a capability completely consistent with the requirements of its individual designation. It does not exclude assistance being made available by any facility to a person who voluntarily seeks help.

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DETAILED EXAMINATION OF BILL 25

The proposed definition of alcoholism is, with minor amendments, the one adopted by the World Health Organization and has proved to be a very satisfactory one.

The functions of the various centres will be as follows:

Observation Centre:

This will be a detoxification unit for the reception and short-term care of inebriates; it will also form a base for identifying persons who may require assistance from professionally qualified staff.

Supervision Centre:

This will be a facility to which a court can refer for assessment a person who is repeatedly intoxicated in a public place or who is demonstrated to the satisfaction of the court to present a severe probable hazard to his family and/or himself. In general, the supervision centre will be an observation centre wherein there is a professional capability for assessment of each individual's potential for rehabilitation.

Treatment Centre:

This will be a major facility wherein there is a range of treatment and rehabilitation programs conducted by professional staff trained in various social and behavioural sciences or by persons who have had long experience in the development of diversional and occupational programs.

Prescribed Facility:

This will be a centre for the care and shelter of those persons in whom the addiction has become so advanced that permanent mental impairment has resulted.

RESOURCES AVAILABLE

As stated previously, the wording of the Bill enables a flexible approach, as facilities can be used most effectively depending upon the qualified staff available. It should be re-emphasized that the proposed legislation does not exclude any assistance being made available by any facility to a patient who voluntarily presents himself for treatment and rehabilitation.

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Existing resources are as follows:

Observation Centres:

These will include:

- a) Permanent detoxification centres at Saint John, Campbellton and Newcastle.
- b) Centres operated by certain voluntary agencies - Moncton (Foyer Inc.), Fredericton (Elm City), Bathurst (Conato), Edmundston (Domrémy).
- c) Other health facilities able to assist (e.g. Tracadie Hospital).

It will be seen that all the larger population centres are covered, and financial provisions for the operation of these centres have been made in the budget submitted to the Legislature. These provisions include assistance to the voluntary agencies to assist them to expand their present services and/or integrate these services with the overall provincial program.

Supervision Centres:

As stated above, these would be observation centres where there is full-time supervision by professional staff to assess the treatment and rehabilitation needs of the individual. Initially these will comprise the centres at Saint John, Campbellton, Bathurst (Conato), and Tracadie. Other centres could be upgraded through increased involvement of local professional persons.

Treatment Centres:

Initially, these will be the major centres at Saint John and Campbellton together with a proposed centre at Fredericton although other facilities may be designated at a later date as services expand. The staff at these centres will include psychologists, social workers and nurse counsellors. For example, the Hazen Avenue Centre is under the direction of a psychologist with experience in the field of alcoholism; there are three social workers and recruitment is under way for a nurse counsellor. In Campbellton, one nurse counsellor and one social worker have been appointed and there is active search for an experienced director. The director for the Fredericton unit will be appointed within the near future.

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Another facility to be designated as a treatment centre is Lonewater Farm which has well-established programs. The scope of these will be broadened by the provision of further professional services.

The two Provincial Hospitals will be able to provide specialized services as required in support of these treatment centres.

Prescribed Facility:

Initially care and accommodation would be provided at Lonewater Farm. However, should experience show the need for additional or alternative facilities, the Department is prepared to establish them as required.

Mention should also be made of proposed expansions in field services in various communities throughout the province. Area field representatives will be essential to provide support and assistance (as they do now) to patients who have completed a course of rehabilitation.

7th May 1974